



**Senator Saud Anwar (Co-Chair), Representative McCarthy Vahey (Co-Chair) and Members of the Public Health Committee of the Connecticut General Assembly:**

My name is Marisol Garcia and I live in Hartford, Connecticut. In solidarity with the Regulate DOC Healthcare CT Coalition, I stand in support of **SB957 AN ACT CONCERNING THE OVERSIGHT OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS BY THE DEPARTMENT OF PUBLIC HEALTH**. Connecticut is currently the only state where the Department of Corrections oversees and operates its own healthcare system. Last year the Public health Committee sought to set forth actions to address these issues with SB 448 which became PA 22-133. Our request is that the Public Health Committee steps forward as courageously as it did last year and implement regulation and oversight of the Department of Correction's healthcare system.

Current challenges in the Department of Corrections healthcare system are contributing to poor health outcomes for incarcerated individuals, returning citizens and economic burdens on their families.

- Access to healthcare for incarcerated persons is a constitutional right covered by the 4<sup>th</sup>, 8<sup>th</sup> and 14<sup>th</sup> amendment.
- Poor health is expensive. Connecticut has paid out millions of dollars in lawsuits related to medical negligence with the Department of Corrections. However, there is a deeper cost to families and communities of returning citizens.
- 46 States are regulated by the National Commission of Correctional Healthcare (NCCHC).

I am a formerly incarcerated woman that was released in 2019 just prior to the pandemic, where I was an inmate hospice worker that worked in the medical unit at York Correctional Institution. During my time in York, I witnessed substandard healthcare practices that put inmates and staff at risk. Although, what really brought home the inhumanity was that upon my release a friend, who would never leave the facility during her lifetime, was left isolated for hours on end in her urine and waste and the inability to freshen up. This was not done by the staff but rather due to staffing shortages and her hospice caregivers' inability to provide care. In August 2022, my friend passed away at York Correctional. Her quality of life suffered immensely and that is something I live with.

DOC failed her. In their mission they say their job entails to "protect the public, protect staff and provide safe, secure and humane supervision of offenders with opportunities that support successful community reintegration." DOC failed my friend when they failed to provide her with safe, secure, and humane community healthcare standards. This is why I think DOC needs immediate oversight action.

In closing, I urge you to support **SB957 AN ACT CONCERNING THE OVERSIGHT OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS BY THE DEPARTMENT OF PUBLIC HEALTH** and incorporate these additional recommendations to improve outcomes for incarcerated individuals, DOC healthcare workers and returning citizens.

- **Establish a regulating body and oversight process for the Department of Corrections healthcare system.**
  - **Regulation:** Department of Public Health in combination with the standards and accreditation provided by the [National Commission on Correctional Healthcare](https://www.ncchc.org/wp-content/uploads/2021_AR_Brochure_FNL_web.pdf) [https://www.ncchc.org/wp-content/uploads/2021\\_AR\\_Brochure\\_FNL\\_web.pdf](https://www.ncchc.org/wp-content/uploads/2021_AR_Brochure_FNL_web.pdf) : The mission of the National Commission on Correctional Health Care is to improve the quality of health care in jails,



prisons, and juvenile confinement facilities. Our Department of Public Health has not undertaken the task of regulating this very complex system before. As a State we would benefit from immediately adhering to the standards and accreditations of the NCCH giving the Department of Public Health time to refine policies specific to the State of Connecticut's needs.

- **Oversight by establishing a Correctional Health Review Board** to receive reports on health outcomes for incarcerated individuals and returning citizens, healthcare staffing reports, health related incident reports, provided policy and procedure recommendations.

**Membership composition of Correctional Healthcare Review Board should include:**

- Returning citizens, one of which has been out less than 5 years out (no limitation to participation based on parole or probation) and one of which is female. (3)
- OBGYN (1)
- Infectious Disease Specialist (1)
- Endocrinologist (1)
- Nutritionist (1)
- Dentist (1)
- Licensed Mental Health Practitioners (outside of DOC staff) (2)
- Substance Abuse Counselor (2)
- DPH Nurse APRN (1)
- DPH Public Health Professionals (1)
- Re-entry specialist (1)
- Transitions Clinic/Community Health Worker who works with reentry population (1)
- Member of the Regulate DOC Healthcare Connecticut coalition or Criminal Justice Reform Advocate (1)
- Racial Justice Advocate (1)
- Ombudsman of the Corrections Advisory Committee (1)
- Connecticut Inspector General (1)

Thank you  
**Marisol Garcia**